

**FINANCIAL STATUS REPORT**(Type or print all entries. If more space is needed for any item,  
continue under Section VII, Additional Data, or attach separate sheet)

1. SOCIAL SECURITY NO.

2. FILE NO.

3. LOAN NO.

**PRIVACY ACT INFORMATION:** The responses you submit are considered confidential, (38 U.S.C. 5701), formerly 3301. They may be disclosed outside The Department of Veterans Affairs (VA) only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register. The requested information is considered relevant and necessary to determine maximum benefits under the law. Information submitted is subject to verification through computer matching programs with other agencies. Income and employment information furnished by you will be compared with information obtained by VA from the Secretary of Health and Human Services or the Secretary of the Treasury under clause (viii) of section 6103 (1) (7) (D) of the Internal Revenue Code of 1986. Any information provided by you including your Social Security Number, may be used in matching programs conducted in connection with any proceeding for the collection of an amount owed the United States by virtue of your participation in any benefit program administered by VA.

**RESPONDENT BURDEN:** Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Clearance Officer (045A4), 810 Vermont Ave., Washington, DC 20420, SEND COMMENTS ONLY. DO NOT SEND THIS FORM OR REQUEST FOR BENEFITS TO THIS ADDRESS.

**SECTION I - PERSONAL DATA**

4. FIRST-MIDDLE-LAST NAME OF PERSON

5. ADDRESS (Number and street or rural route, City or P.O., State, and Zip Code)

6. TELEPHONE NO. (Include Area Code)

7. DATE OF BIRTH

8. MARTIAL STATUS

☐ MARRIED☐ NOT MARRIED

9. NAME OF SPOUSE

10. AGE(S) OF OTHER DEPENDENTS

**COMPLETE RECORD OF EMPLOYMENT FOR YOURSELF AND SPOUSE DURING PAST 2 YEARS**

KIND OF JOB	DATES (Month, year)		NAME AND ADDRESS OF EMPLOYER
	FROM	TO	

**11. YOUR EMPLOYMENT EXPERIENCE**

		PRESENT TIME	

**12. YOUR SPOUSE'S EMPLOYMENT**

		PRESENT TIME	

**SECTION II - INCOME****SECTION III - EXPENSES**

AVERAGE MONTHLY INCOME	SELF	SPOUSE	AVERAGE MONTHLY EXPENSES	AMOUNT
13. MONTHLY GROSS SALARY (Before payroll deductions)	\$	\$	18. RENT OR MORTGAGE PAYMENT	\$
14. DEDUCTIONS			19. FOOD	
A. FEDERAL STATE AND LOCAL INCOME TAXES			20. UTILITIES AND HEAT	
B. RETIREMENT			21. OTHER LIVING EXPENSES	
C. SOCIAL SECURITY				
D. OTHER (Specify)				
E. TOTAL DEDUCTIONS (Items 14A through 14D)			22. MONTHLY PAYMENTS ON INSTALLMENT CONTRACTS AND OTHER DEBTS	
15. NET TAKE HOME PAY (Subtract Items 14E from 13)				
16. PENSION, COMPENSATION, OR OTHER INCOME (Specify)			23. TOTAL MONTHLY EXPENSES	
17. TOTAL MONTHLY NET INCOME (Item 15 plus Item 16)	\$	\$		\$

**SECTION IV - DISCRETIONARY INCOME**

24A. NET MONTHLY INCOME LESS EXPENSES (Item 17 less Item 23)

\$

24B. AMOUNT YOU CAN PAY ON A MONTHLY BASIS TOWARD YOUR DEBT

\$

## SECTION V - ASSETS

25. CASH IN BANK ( <i>Checking and savings accounts, building and loan accounts, etc.</i> )			\$	29. U.S. SAVINGS BONDS ( <i>Cash Value</i> )	\$
26. CASH ON HAND				30. STOCKS AND OTHER BONDS ( <i>Current Value</i> )	
27. AUTOMOBILES ( <i>Resale value</i> )				30. REAL ESTATE OWNED ( <i>Resale Value</i> )	
MAKE	MODEL	YEAR		30. OTHER ASSETS	
28. TRAILERS, BOATS, CAMPERs ( <i>Resale value</i> )				33. TOTAL ASSETS	\$

## SECTION VI - INSTALLMENT CONTRACTS AND OTHER DEBTS

**NOTE:** Show below ALL debts which you are required to pay in regular monthly installments, such as car, television, washing machine, payments to dealers, banks, finance companies, repayment of money borrowed for any purpose, doctor bills, hospital bills, etc. Do not include living expenses.

NAME AND ADDRESS OF CREDITOR (A)	DATE AND PURPOSE OF DEBT (B)	ORIGINAL AMOUNT OF DEBT (C)	UNPAID BALANCE (D)	AMOUNT DUE MONTHLY (E)	AMOUNT PAST DUE (If any) (F)
34A.		\$	\$	\$	\$
34B.					
34C.					
34D.					
34E.					
34F.					
34G.					
34H.					
34I. TOTAL		\$	\$	\$	\$

**NOTE -** If repayment of a debt is not on a monthly basis, write "0" in column E and describe arrangements to repay in Item 36.

## SECTION VII - ADDITIONAL DATA

35A. HAVE YOU EVER BEEN ADJUDICATED BANKRUPT? IF SO AND VA OR A MORTGAGE COMPANY WAS INVOLVED, PLEASE SEND ALL PERTINENT DOCUMENTATION

☐ YES ☐ NO (*If "Yes," complete 35B through 35D*)

35B. DATE DISCHARGED FROM BANKRUPTCY	35C. LOCATION OF COURT	35D. DOCKET NO., IF KNOWN
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36. USE THIS SPACE AND ADDITIONAL SHEETS, IF NECESSARY, TO SUPPLY ANY OTHER PERTINENT INFORMATION AND TO CONTINUE YOUR ANSWER TO PREVIOUS ITEM NUMBER(S) TO WHICH YOUR COMMENTS APPLY

## SECTION VIII - CERTIFICATIONS

I(WE) AFFIRM that the information contained herein is true, correct, and complete to the best of my(our) knowledge and belief.

37A. YOUR SIGNATURE	37B. DATE	38A. SIGNATURE OF SPOUSE	38B. DATE
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**PENALTY -** The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing to be false.